

LOCAL APPLICANT QUESTIONNAIRE

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force: powers and duties; delegation by.

PURPOSE: Used by civilian personnel specialist to make determinations regarding eligibility for employment with the US Forces and employment referral priorities.

ROUTINE USES: Records from this system of records may be disclosed for any of the blanket routine uses published by the Air Force. Furnishing the information is voluntary. If you do not give the requested information it may result in erroneous employment determinations and may be grounds for not employing you or dismissal after you begin work.

NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

PLACE OF BIRTH (City and State or Country)

DATE OF BIRTH (DD MM YY)

SECTION A.

TO BE COMPLETED BY ALL

1. STATUS AND REASONS FOR BEING IN THE OVERSEAS AREA (Mark "X" and complete information where applicable)

A. ☐ SPOUSE OF ACTIVE DUTY MILITARY MEMBER ASSIGNED TO _____
(Attach copy of sponsor's PCS orders, or agency documentation showing command sponsorship, and complete Section B.)

B. ☐ SPOUSE OF A DOD CIVILIAN EMPLOYEE ASSIGNED TO _____
(Attach copy of sponsor's orders, et cetera, and complete Section B.)

C. ☐ CHILD OF ACTIVE DUTY MILITARY OR DOD CIVILIAN EMPLOYEE (Attach copy of sponsor's PCS orders if any and complete Section B.)

D. ☐ FORMER MILITARY MEMBER (Includes those applying in anticipation of military separation. Complete Sections C and D)

E. ☐ OTHER (Explain, e.g. tourist, student, employed by private company, off-duty military, et cetera. For those employed by a private company or a dependent of a person employed by a private company, be sure to include the name of the company. Complete Section D.)

2. US CITIZEN BY ☐ BIRTH ☐ NATURALIZATION (Give Original Citizenship)

3. PASSPORT NUMBER

4. ARE YOU A CITIZEN OR DO YOU HAVE A CLAIM TO CITIZENSHIP IN OTHER COUNTRIES? ☐ NO ☐ YES (List each country and identify whether or not you have passports from those countries)

SECTION B. TO BE COMPLETED BY SPOUSES AND CHILDREN OF MILITARY AND GOVERNMENT EMPLOYEES

5. SPONSOR'S NAME AND GRADE/RANK

6. SPONSOR'S ORGANIZATION

7. SPONSOR'S DUTY PHONE

8. SPONSOR'S DEROS (DD MM YY)

9. ARE YOU CURRENTLY RESIDING WITH YOUR SPONSOR?

☐ NO

☐ YES

SECTION C.

TO BE COMPLETED BY FORMER MILITARY MEMBERS

10. DATE OF SEPARATION (DD MM YY)

☐ WAS _____ ☐ WILL BE _____

11. PLACE OF SEPARATION

☐ WAS _____ ☐ WILL BE _____

12. REASON FOR SEPARATION

☐ WAS _____ ☐ WILL BE _____

13. MILITARY TRANSPORTATION ENTITLEMENT

☐ WAS USED ☐ WILL BE USED ☐ WILL NOT BE USED

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| SECTION D. TO BE COMPLETED BY ALL THOSE WHO ARE NOT DEPENDENTS | | |
| 14. DATE (DD MM YY) OF ORIGINAL ARRIVAL IN THIS OVERSEAS COUNTRY <i>(Periods of travel outside the country for business, pleasure, et cetera, do not change this date)</i> | | |
| 15. CURRENT RESIDENCE | | |
| A. <input type="checkbox"/> OWNED HOUSE, APARTMENT, ETC. <i>(By applicant or family member including in-laws)</i> | | |
| B. <input type="checkbox"/> RENTED HOUSE, APARTMENT, ETC. SINCE _____ CURRENT LEASE EXPIRES _____ (MM DD YY) (MM DD YY) | | |
| C. <input type="checkbox"/> OTHER <i>(Give details)</i> _____ | | |
| 16. DO YOU HAVE A PLACE OF RESIDENCE IN THE US? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Give full address)</i> | | |
| 17. LOCAL RESIDENCE <i>(Include registration with local police where applicable)</i> | | |
| <input type="checkbox"/> PERMIT DATE OF EXPIRATION _____ <input type="checkbox"/> VISA DATE OF EXPIRATION _____ (DD MM YY) (DD MM YY) | | |
| 18. DO YOU HAVE A LOCAL WORK PERMIT? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| 19. DO YOU HAVE EXPERIENCE WORKING ON THE LOCAL ECONOMY? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| 20. WERE HOUSEHOLD GOODS SHIPPED TO THE OVERSEAS AREA? <input type="checkbox"/> THE US GOVERNMENT <input type="checkbox"/> MY CURRENT EMPLOYER <input type="checkbox"/> NO <input type="checkbox"/> YES, THE SHIPMENT WAS PAID BY: <input type="checkbox"/> MY FORMER EMPLOYER <input type="checkbox"/> MYSELF <input type="checkbox"/> OTHER <i>(Please explain)</i> _____ | | |
| 21. ARE HOUSEHOLD GOODS IN STORAGE? <input type="checkbox"/> THE US GOVERNMENT <input type="checkbox"/> MY CURRENT EMPLOYER <input type="checkbox"/> NO <input type="checkbox"/> YES, THE STORAGE IS PAID BY: <input type="checkbox"/> MY FORMER EMPLOYER <input type="checkbox"/> MYSELF <input type="checkbox"/> OTHER <i>(Please Explain)</i> _____ | | |
| 22. I INTEND TO STAY IN THE OVERSEAS AREA <i>(Regardless of whether or not I am employed by the US Forces)</i> <input type="checkbox"/> INDEFINITELY <input type="checkbox"/> 3-5 YEARS <input type="checkbox"/> 2-3 YEARS <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 6-12 MONTHS <input type="checkbox"/> LESS THAN SIX MONTHS | | |
| 23. MARITAL STATUS? <input type="checkbox"/> IS WORKING ON THE ECONOMY <input type="checkbox"/> I AM NOT MARRIED <input type="checkbox"/> I AM MARRIED, MY SPOUSE <input type="checkbox"/> HAS WORKED ON THE ECONOMY <input type="checkbox"/> HAS NEVER WORKED ON THE ECONOMY | | |
| 24. DO YOU OR YOUR SPOUSE OWN PROPERTY IN THIS COUNTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| 25. DO YOU HAVE A DRIVER'S LICENSE ISSUED BY THE LOCAL GOVERNMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| 26. HAVE YOU PAID TAXES IMPOSED ON LOCAL RESIDENTS? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| 27. IS YOUR INCOME SUBJECT TO LOCAL TAXES? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| 28. DO YOU HAVE A RETURN TICKET TO THE US? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Give date of return flight)</i> _____ IF OPEN, TICKET EXPIRES <i>(Give date)</i> _____ (DD MM YY) (DD MM YY) | | |
| SECTION E. REMARKS <i>(Use this space if you need additional room to explain your answers)</i> | | |
| | | |
| APPLICANTS' PRINTED NAME | SIGNATURE | DATE (DD MM YY) |